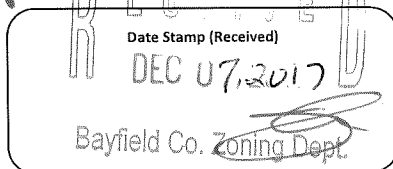


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

ATF

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	17-0479
Date:	12-18-17
Amount Paid:	\$120 12-12-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Barbara K. Anich	Mailing Address:	City/State/Zip:	Telephone:
Address of Property: 68520 West Longlake Rd	City/State/Zip: Iron River, WI 54847	Cell Phone: 715-292-1624	
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 19238	Recorded Document: (i.e. Property Ownership)
1/4, 1/4	Gov't Lot	Lot(s) 4	CSM 790
		Vol & Page 5/230	Lot(s) No.
		Block(s) No.	Subdivision:
Section 10, Township 47 N, Range 8 W	Town of: Iron River	Lot Size	Acreage 2.46

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 98 87 feet		
<input type="checkbox"/> Non-Shoreland	per Tracy's measurement (does not include patio)			

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$40,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
			<input type="checkbox"/>		<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 24 x 24	Width:	Height: 16
Proposed Construction:	Length: 44 x 37	Width:	Height: 20

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use DEC 18 2017 <input type="checkbox"/> Commercial Use <input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
		Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
		Mobile Home (manufactured date) _____	( X )	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) living area	( 44 x 37 )	1628
	<input type="checkbox"/>	Accessory Building (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Barbara K. Anich  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 12-7-2017

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit \_\_\_\_\_

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attached....

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	140 Feet	Setback from the Lake (ordinary high-water mark)	87.84 Feet
Setback from the Established Right-of-Way	107 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	65 Feet		
Setback from the South Lot Line	30 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	107 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	84 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	25 Feet
Setback to Drain Field	50 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

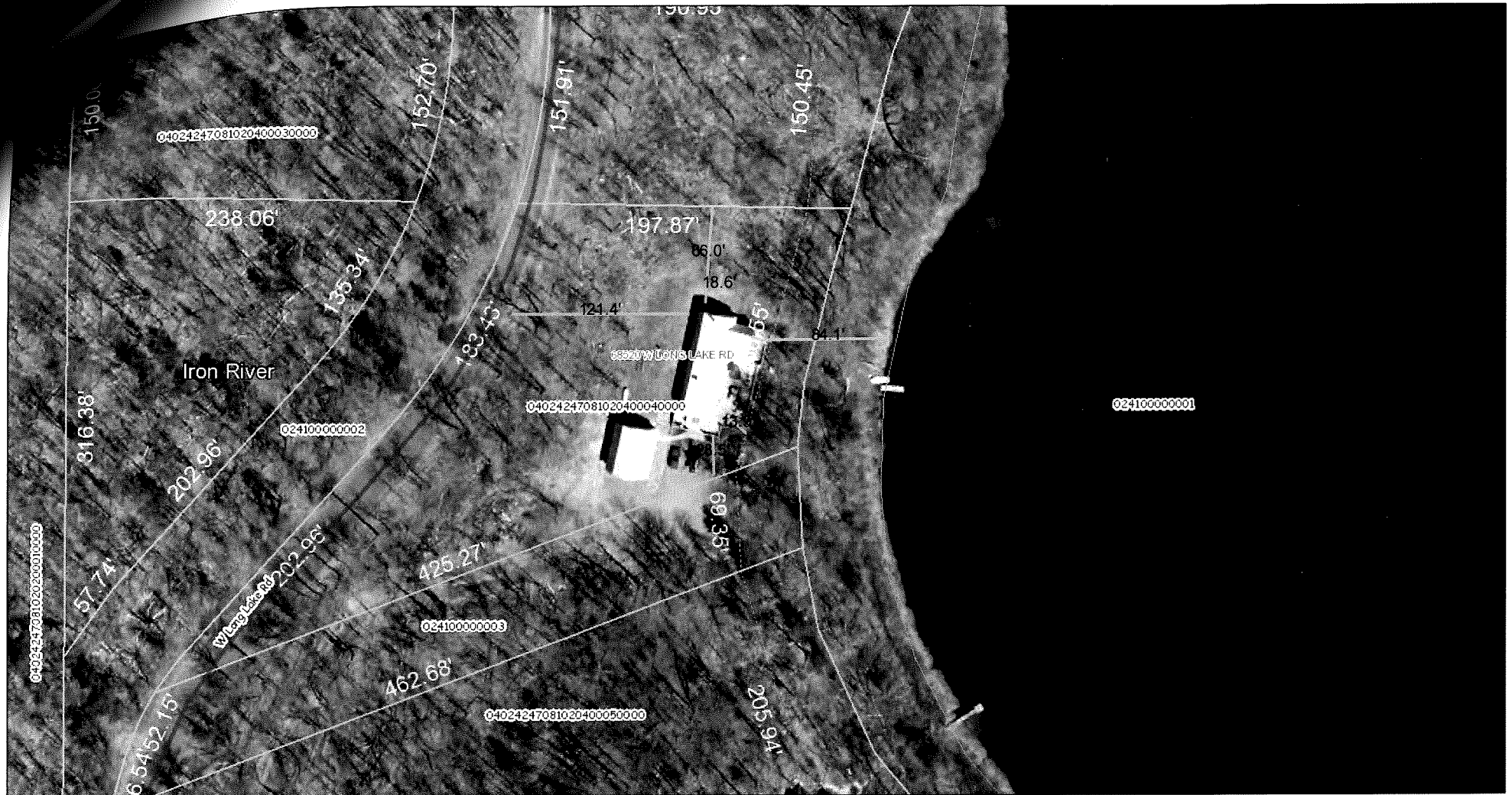
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

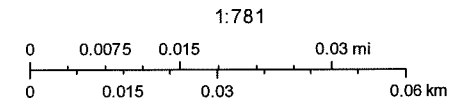
Issuance Information (County Use Only)		Sanitary Number: 298088	# of bedrooms: 2	Sanitary Date: 8-8-97	
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0479		Permit Date: 12-18-17			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created		Were Property Lines Represented by Owner			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated		Was Property Surveyed			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ATF		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: The patio on site would not have required a permit prior to 2015 (act 50). Rep said "at grade" and may require a permit if shoreline grading threshold was exceeded.					Zoning District (R-1)
Date of Inspection: 12-15-17					Lakes Classification (2.1 by)
Inspected by: TRACY DOOLE					Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)					
none.					
Signature of Inspector: [Signature]					Date of Approval: 12-18-17
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

# Bayfield County Web AppBuilder



December 7, 2017

Buildings	Recorded Map	State	Tie Lines
<b>Corner Tie Sheets</b>	<b>All Roads</b>	Town	Rivers
Section Corner Monument on File	CFR	Municipal Boundary	Douglas Co Parcels
Section Corner Monument Referenced on Survey	County	Section Lines	Ashland Co Parcels
<b>Survey Maps</b>	Federal	Approximate Parcel Boundary	
UnRecorded Map	Private	Meander Lines	





# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

City, Village, State or Federal  
May Also Be Required  
After-the-Fact

LAND USE – X  
SANITARY – 298088 (8/8/1997)  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

No. **17-0479** Issued To: **Barbara Anich & Janice Lee**

Location: - ¼ of - ¼ Section **10** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot Lot **4** Block Subdivision CSM# **790**

For: **Residential Addition / Alteration: [ 1.5 - Story; Living Area (44' x 37') = 1,628 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

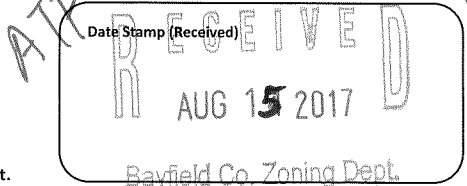
Authorized Issuing Official

**December 18, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	17-0482
Date:	12-22-17
Amount Paid:	75 8-15-17 75 8-15-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: DAVID E. JENSEN			Mailing Address: 159 PINE LAKE DR			City/State/Zip: CENTRAL, SC 29630		Telephone:	
Address of Property: EASEMENT RD. OFF WAYSIDE RD			City/State/Zip:					Cell Phone: 864-650-2080	
Contractor:			Contractor Phone:		Plumber:		Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))			Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits) 19396 37620		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2016 R- 561917			
1/4, 1/4		Gov't Lot 3	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	
Section 17, Township 47 N, Range 8 W					Town of: IRON RIVER		Lot Size		Acreage 54 AC

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion *include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$3500	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> NO
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet		
	<input checked="" type="checkbox"/> SKIDS			<input checked="" type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: 16	Width: 10	Height: 10

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2 <sup>nd</sup> ) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2 <sup>nd</sup> ) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (specify) STORAGE SHED	( 16 X 10 )	160
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 8/15/17

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

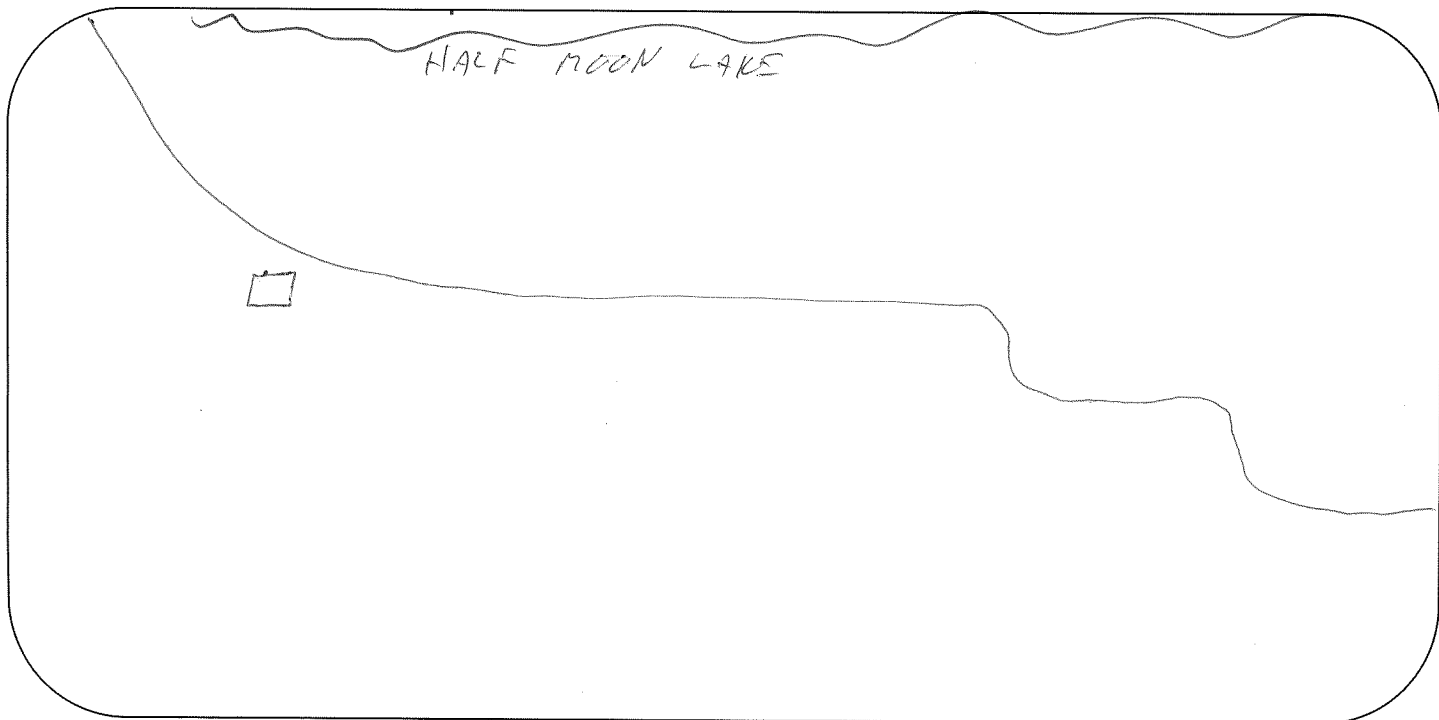
Date: \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road		Setback from the Lake (ordinary high-water mark)	366 Feet
Setback from the Established Right-of-Way	738 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line			
Setback from the South Lot Line	1031 Feet	Setback from Wetland	442 Feet
Setback from the West Lot Line	542 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	738 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 2/A	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0482		Permit Date: 12-22-17			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Case #:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Case #:			
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: I could not inspect due to locked gates & very long way to site. Called owner to unlock gates. He said it was a my call. I could not inspect due to locked gates & very long way to site. Called owner to unlock gates. He said it was a my call.		Zoning District: R-1/R-1 Lakes Classification: 3			
Date of Inspection: 10-9-17		Inspected by: J. Murphy		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) Building shall not be used for human habitation/sleeping purposes. No water under pressure shall enter the building unless Building must be located at least 40 ft from center of easement Road.					
Signature of Inspector: [Signature]				Date of Approval: 12	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

parcel divided between inspection & issuance

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0482** Issued To: **David Jensen**

Location: - ¼ of - ¼ Section **17** Township **47** N. Range **8** W. Town of **Iron River**

Part in

Gov't Lot **3** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [ 1- Story; Shed (16' x 10') = 160 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** Building shall not be used for human habitation / sleeping purposes. No water under pressure shall enter the building. Building must be located at least 40 feet from center of easement road.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**December 22, 2017**

Date